

# TRAVEL ADVANCE REQUEST

From: \_\_\_\_\_ SSN: \_\_\_\_\_ TRF DATE: \_\_\_\_\_

I hereby request payment of travel entitlements as follows:

Member:

Dependents:

\_\_\_\_\_ Mileage and Flat Per Diem

\_\_\_\_\_ Mileage and Flat Per Diem

\_\_\_\_\_ Dislocation Allowance\*

\_\_\_\_\_ Dislocation Allowance (Single) (Request form from you transfer clerk)\*

\*IN ORDER TO RECEIVE ADVANCE DLA, YOU MUST OBTAIN A DD FORM 1299 (GOV'T BILL OF LADING) OR A DD FORM 2278 (DITY MOVE FORM) FROM PERSONNEL PROPERTY. SUBMIT THE FORMS BACK WITH YOUR TRANSFER PACKAGE. DLA FOR SINGLE MEMBERS IS ONLY PAYABLE FOR THOSE AUTHORIZED TO LIVE ON THE ECONOMY.

Travel will be via:

\_\_\_\_\_ POV (Enter license plate numbers in spaces provided) \_\_\_\_\_ 1 POV \_\_\_\_\_ 2  
POV

\_\_\_\_\_ Air \_\_\_\_\_ Bus \_\_\_\_\_ Train

Dependent travel Certification:

I request an advance for dependent travel entitlement and/or dislocation allowance.  
I make the following certification for the movement of my dependents:

It is my intention to relocate my dependents listed below on \_\_\_\_\_ from their  
present location (date)

\_\_\_\_\_ to \_\_\_\_\_, the  
(Current Address) (City and State of relocation)  
place where they will establish a bona fide residence. I understand that in the  
event my dependents do not move repayment of the advance is due immediately.

Spouse Name: \_\_\_\_\_

Children:

Birthdate:

_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_